

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043766

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 294 Primary Registration District No. 8056 Registrar's No. 291

FILED DEC 6 1962

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Moberly</i>		c. CITY OR TOWN <i>Moberly</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <i>Highway 24 West</i>		d. STREET ADDRESS (If outside, give location) <i>R.F.D. #2</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	

3. NAME OF DECEASED (Type or print) First <i>EDNA</i> Middle <i>RUTH</i> Last <i>WILKERSON</i>			4. DATE OF DEATH Month <i>NOV</i> Day <i>26</i> Year <i>1962</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>NOV 13 1916</i>	9. AGE (last birthday) <i>46</i>	10. IF UNDER 1 YEAR Months <i>4</i> Days <i>6</i>
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11b. BIRTHPLACE (City and state or country) <i>Laurens, Mo.</i>		
12a. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>			12b. NAME OF HUSBAND OR WIFE <i>Wilton Wilkerson</i>		
13a. FATHER'S NAME <i>Porter Thompson</i>			13b. MOTHER'S MAIDEN NAME <i>Max Emma Haynie</i>		
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			15. INFORMANT <i>Wilton Wilkerson, Moberly, Mo.</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>PULMONARY EMBOLISM</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 MIN.</i>
DUE TO (b) <i>THROMBO PHLEBITIS RT ILIAC AND FEMORAL VEINS</i>		<i>3 DAYS</i>
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>RHEUMATOID ARTHRITIS 12 YEARS</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY - Hour <i>5:15 PM</i> Month, Day, Year <i>JULY 18 1960</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>Moberly, Mo.</i>	

21. I attended the deceased from <i>JULY 18 1960</i> to <i>NOV 26 62</i> and last saw her alive on <i>NOV 26 62</i> Death occurred at <i>2:15 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Clarence C. Leber</i>	(Degree or title) <i>MD</i>	22b. ADDRESS <i>317 VIRGINIA, MOBERLY, MO.</i>	22c. DATE SIGNED <i>NOV 28 62</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	23b. DATE <i>NOV 28 1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Memorial</i>	23d. LOCATION (City, town, or county) (State) <i>Moberly, Mo.</i>
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24. FUNERAL DIRECTOR <i>Cater Funeral Home, Moberly, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>NOV 28-62</i>	26. REGISTRAR'S SIGNATURE <i>Seaborn Lane</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jerry R. Carter

Licensed Embalmer No. 4906

P. O. Address

Moberly, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.